

PROJECT 10073 RECORD

| | |
|--|---|
| 1. DATE - TIME GROUP 1 JUL 68 1040 GMT 1/0530Z | 2. LOCATION SHEPHERDSTOWN, KENTUCKY |
| 3. SOURCE CIVILIAN | 10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION |
| 4. NUMBER OF OBJECTS ONE | |
| 5. LENGTH OF OBSERVATION FIFTEEN MINUTES | 11. BRIEF SUMMARY AND ANALYSIS The observer sighted an object that looked "like a conventional idea of a flying saucer." |
| 6. TYPE OF OBSERVATION GROUND VISUAL | COMMENTS: The observer stated that he thought the object was traveling at about 2000 mph, yet gives a duration of 15 mins. He also estimated the height of the object to be 150, but did not state whether this was 150 ft, yards, or miles. Additional information was requested of the observer, but he has not returned it as of 3 September 1968. |
| 7. COURSE SOUTH | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



REPLY TO
ATTN OF:

TDPT (UFO)

JUL 10 1968

SUBJECT:

UFO Observation, 1 July 1968

TO:

Mr. [REDACTED]

Louisville, Kentucky 40214

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 1 July would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

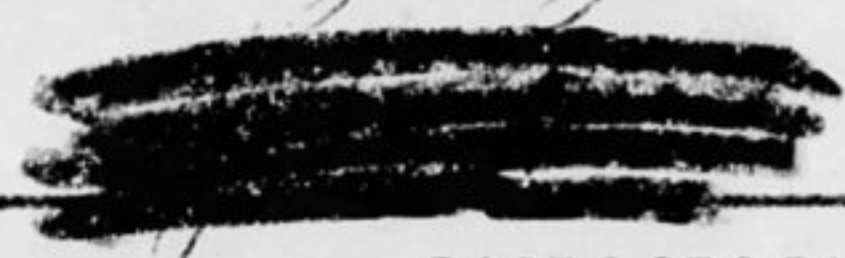
RECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE.
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

While standing on ~~my~~ a road
in open country side because of
automobile difficulty. Saw previously
described object move from
due north directly over-head
and continue south out
of my field of vision.

I would appreciate a return reply
indicating whether or not I was
alone in my observation of this
particular incident or whether
you have other reports on this same
sighting. I would appreciate the
names, addresses and phone numbers
of other persons concerned with this
sighting or whether radar sighting was
made.



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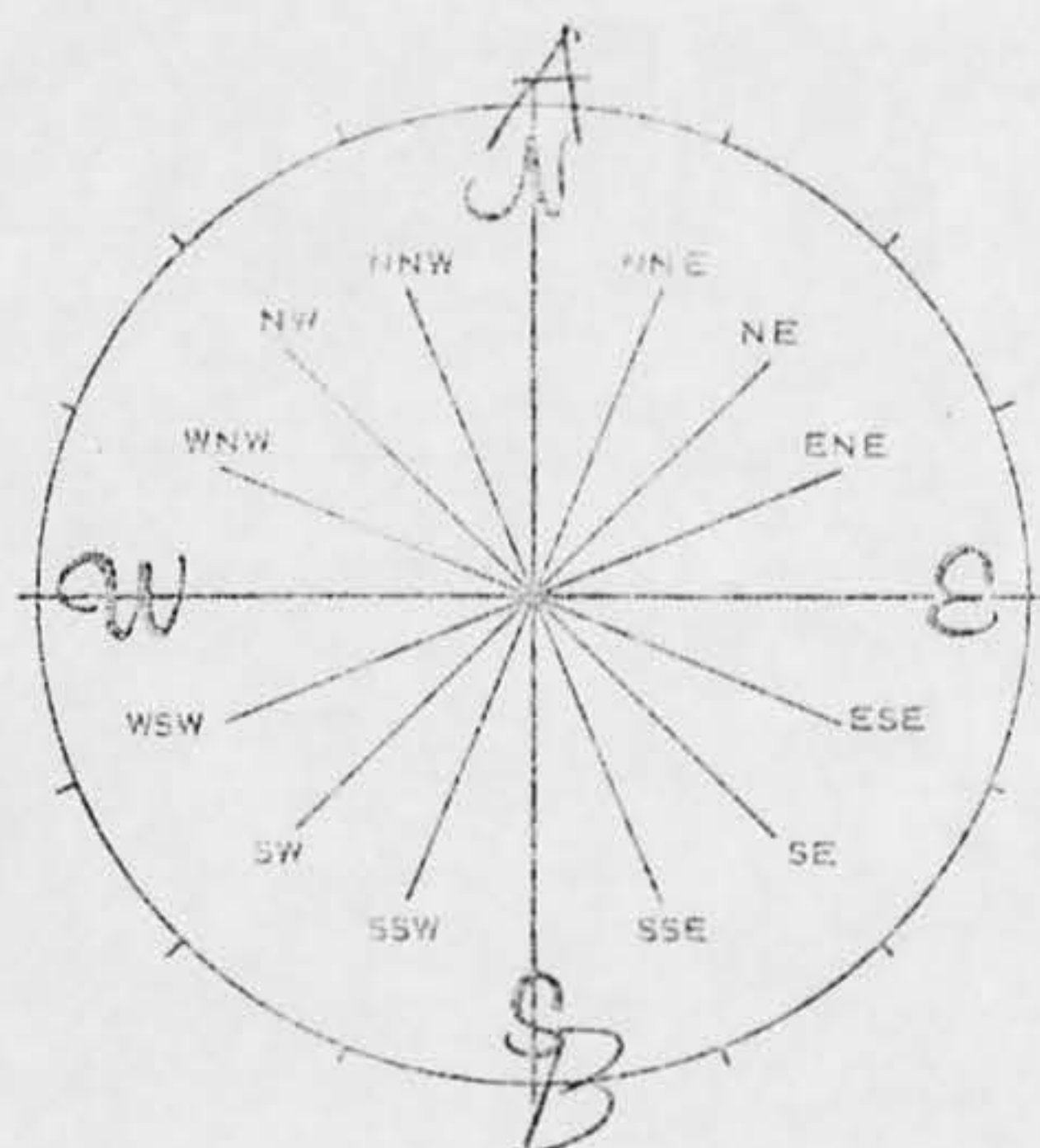
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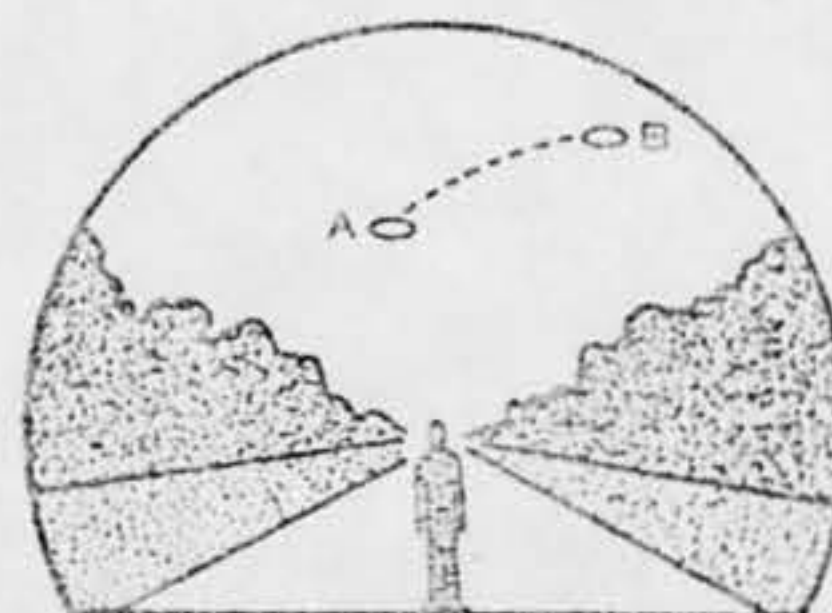
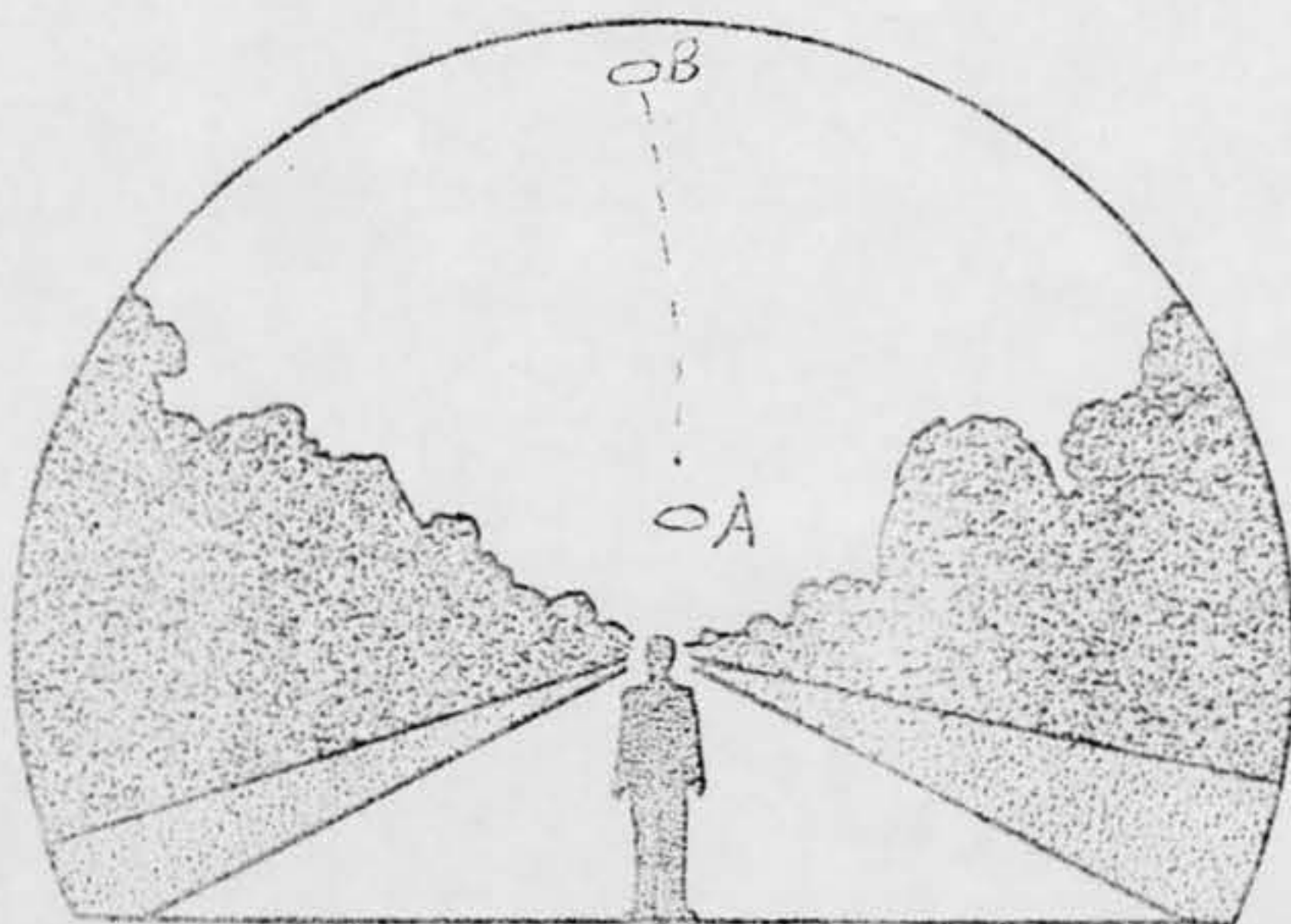
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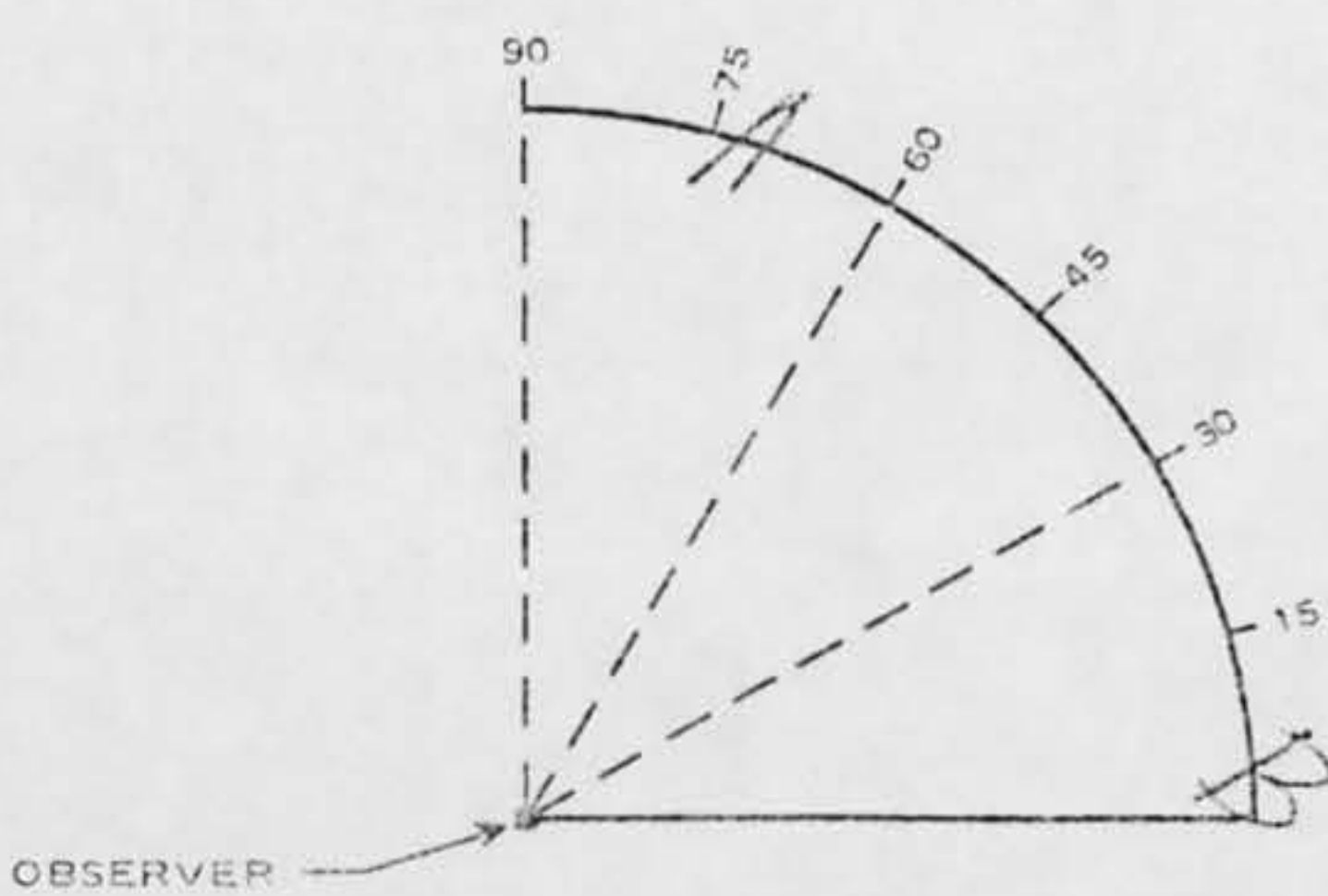
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6. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE | | BUDGET BUREAU APPROVAL NUMBER 21-R258 |
|---|--|--|
| <p>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</p> | | |
| <p>1. WHEN DID YOU SEE THE PHENOMENON?</p> <p style="text-align: right;">DAY <u>1</u> MONTH <u>7</u> YEAR <u>68</u></p> | | |
| <p>2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?</p> <p style="text-align: right;">HOUR <u>12</u> MINUTES <u>30</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> | | |
| <p>3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?</p> <p style="text-align: right;">HOUR <u>12</u> MINUTES <u>45</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> | | |
| <p>4. TIME ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD</p> <p style="text-align: center;"> <input type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER </p> | | |
| <p>5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.</p> <p style="text-align: center; font-size: 1.2em;"> XXXXXXXXXX Road, Shepardsville Ky. 6 miles north of Shepardsville City limits. </p> | | |
| <p>6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.</p> <div style="text-align: center; margin-top: 20px;">  </div> | | |

| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> | OUTDOORS | | IN BUSINESS SECTION OF CITY |
| | IN BUILDING | | IN RESIDENTIAL SECTION OF CITY |
| | IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | <input checked="" type="checkbox"/> | IN OPEN COUNTRYSIDE |
| | IN BOAT | | NEAR AIRFIELD |
| | IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | | FLYING OVER CITY |
| | OTHER | | FLYING OVER OPEN COUNTRY |
| | | | OTHER |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. <i>760</i> | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | <i>15 minutes</i> | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE |
| | | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED? <i>wrist watch</i> | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

only one

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | |
|--|--|---|---|
| <input type="checkbox"/> DAY | | <input checked="" type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST |
| <input type="checkbox"/> TWILIGHT | | <input checked="" type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN |
| <input checked="" type="checkbox"/> NIGHT | | <input checked="" type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR | | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input type="checkbox"/> HAIL |
| <input type="checkbox"/> PARTLY CLOUDY | | | <input type="checkbox"/> SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | | <input type="checkbox"/> HAZE OR SMOG | <input type="checkbox"/> UNKNOWN |
| | | | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | (2) MOON |
|--|--|
| <input type="checkbox"/> NONE | <input checked="" type="checkbox"/> BRIGHT MOONLIGHT |
| <input type="checkbox"/> A FEW | <input type="checkbox"/> MOON WITH HALO |
| <input checked="" type="checkbox"/> MANY | <input type="checkbox"/> MOON HIDDEN BY CLOUDS |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

moonlight

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

It was self-luminous. Colors noticed were blue and red. Solid and edges sharp. Shaped like the conventional idea of a flying saucer.

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
| | MOVE IN A STRAIGHT LINE? | ✓ | | |
| | STAND STILL AT ANYTIME? | | ✓ | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | ✓ | |
| | BREAK UP IN PARTS AND EXPLODE? | | ✓ | |
| | CHANGE COLOR? | | ✓ | |
| | GIVE OFF SMOKE? | | ✓ | |
| | CHANGE BRIGHTNESS? | | ✓ | |
| | CHANGE SHAPE? | | ✓ | |
| | FLASH OR FLICKER? | | ✓ | |
| | DISAPPEAR AND REAPPEAR? | | ✓ | |
| | SPIN LIKE A TOP? | | ✓ | |
| | MAKE A NOISE? | | ✓ | |
| | FLUTTER OR WOBBLE? | | ✓ | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Noticed by chance observation.

A. HOW DID IT FINALLY DISAPPEAR?

went beyond my field of vision.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.

| | | | |
|--|-----------|--|---------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. | | | |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? | | | |
| A. LIST THEIR NAMES AND ADDRESSES | | | |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF | | | |
| LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] | | | |
| ADDRESS (Street, City, State and Zip Code) [REDACTED] AL E. Louisville Ky 40214 | | | |
| TELEPHONE [REDACTED] | AGE 25 | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT. owner Drywall Company. | | | |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? | | | |
| NAME F.B.I. | DAY 3 | MONTH 7 | YEAR 1968 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE. | | | |
| DAY 11 MONTH 7 YEAR 1968 | | | |

| | |
|--|---|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. | |
| EYEGASSES | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | <input checked="" type="checkbox"/> OTHER <i>Normal eye sight</i> |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <i>2000 mph</i> | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>1500</i> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. | |
| <p><i>Bore no resemblance to any common object. Was seen clearly enough that was impossible to confuse it with any thing else. Looked like the conventional idea of a flying saucer.</i></p> | |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |

JUL 23 1968

1 Jul 68

TDPT (UFO) Lt Col Quintanilla/70916/sjc/23 Jul 68

UFO Observation, 1 July 1968

Mr. [REDACTED]

Louisville, Kentucky 40214

1. Reference your unidentified flying object (UFO) observation of 1 July 1968. We would appreciate your clarifying the following questions on your sighting.

a. Did you see the object at 12:30 am Eastern Daylight Savings Time or 12:30 am Central Daylight Savings Time?

b. In question #19 of the AF Form 117 you completed, you stated that the object was at a distance of 150. Is this 150 feet, yards, or miles?

2. This additional data is necessary prior to making an evaluation on your report.

④
SECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch

1. Self-Addressed envelope